

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">0938422</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">4/24/01</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4		2										
TOTAL DEP.	11		2										
TOTAL CLAIMS	15												

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDNDMENTS

BEST AVAILABLE COPY